

D-DOT

Detroit Department of Transportation
Special Fares - Room 111
1301 East Warren Ave.
Detroit, MI 48207 • (313) 578-8266

D-DOT Special Fares Program Identification Pass Card

What Is It?

The D-DOT Special Fares Program Identification Pass is a photo ID card that permits senior and qualifying persons with disabilities to ride on D-DOT fixed route buses at a reduced fare. Seniors and qualifying persons with disabilities who have a Special Fares ID Pass and who live outside of the City of Detroit ride for half fare. Seniors and qualifying persons with disabilities who have a Special Fares ID Pass and are City of Detroit residents can ride D-DOT fixed route buses free of charge.

Who Is Eligible?

Persons aged 65 or older can apply for and receive a Special Fares ID Pass. Individuals with a disability that meets one or more of the eligibility criteria listed on page 4 of this application packet also can apply for and receive a pass.

How to Apply

Seniors only need to complete page 2 of this packet and send proof of age. Individuals applying based on disability can either provide one of the forms of documentation of disability listed on page 2 or can have an approved health care professional complete page 3 of this application packet.

Return the completed form(s) along with any required documentation, a \$1.00 processing fee, and a copy of a valid Michigan Driver's License or Michigan State Photo ID to: **D-DOT Special Fares, 1301 East Warren Avenue, Room 111, Detroit, MI 48207.**

Please allow 8 - 10 weeks for D-DOT to process the application. This application packet is available in accessible formats upon request.

How Long Is It Valid?

Passes issued to seniors are valid for up to five years. Passes issued to persons with permanent disabilities whose condition is not expected to improve are also valid for five years. Semi-Permanent passes are issued to applicants whose functional ability could improve over time with are valid for up to two years.

Replacement Cards (Lost or Stolen)

If passes are lost or stolen, new passes are issued for a processing fee of \$5.00 (for the first replacement card), \$10.00 (for the second replacement card), and \$15.00 (for the third replacement card), etc. When a replacement card is issued, a new pass number will be assigned and the old pass number will no longer be valid. D-DOT reserves the right to require re-certification of any riders in the future should program policies change.

Where To Call If You Have Questions

For more information about the program or for assistance in completing the applications forms, call Special Fares at 313-578-8266 (Voice) or 313-834-3434 (TTY).

The following ordinance regulates the conduct of persons riding on any motorbus.

Sec. 58-1-2(a). It is unlawful for any passenger to board a public transportation vehicle and:

1. Refuse to pay the fixed fare or present a valid transfer, receipt or token; or
2. Evade or attempt to evade the payment of such fare or evade presenting a valid transfer, receipt or token to the operator by the use of any trick, device, pretense or artifice.

The Detroit Code provides in Section 1-1-9 that such violations are misdemeanors punishable by a fine not exceeding five hundred dollars (\$500) or by imprisonment not exceeding ninety (90) days or both.



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D-DOT USE ONLY

Receive Date: _____

Received by: _____

Application for D-DOT Special Fares Program Identification Pass Card

***Please provide all requested information. Incomplete applications will not be processed.
Submit original application form. No photocopies of completed applications will be accepted.
Please attach a copy of your Driver's License or State I.D. (Please do not send your original I.D.)***

Complete and return this form in its entirety with \$1.00 (cash or money order only payable to D-DOT) to:
D-DOT Special Fares - Room 111, 1301 East Warren Ave., Detroit, MI 48207

Name: _____
First Middle Last

Address: _____
Street City State ZIP

Michigan Driver's License or State I.D. #: _____ Date of Birth: _____
(mm/dd/yyyy)

Telephone #: (_____) _____ Gender: ☐ Male ☐ Female

Please read the Special Fares Program Information on the first page of this application packet before completing the remainder of this application.

I am applying for a D-DOT Special Fare Identification Pass on the following basis and have attached the following information. **Please check only one.**

- ☐ I am 65 years of age or older. **Attach a copy of Driver's License or State I.D. as proof of age. Sign, date and return form.**
- ☐ I am currently receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability. **Attach a copy of proof of eligibility for this benefit. Sign, date and return form.**
- ☐ I am eligible for Medicare benefits. **Attach a copy of Medicare card AND a copy of photo ID (Driver's License or State I.D.). Sign, date and return form.**
- ☐ I have been determined by the Veterans Administration as having a disability of at least 40%. **Attach a copy of proof of eligibility and determination by the Veterans Administration. Sign, date and return form.**

IF YOU HAVE DOCUMENTATION FOR ONE OF THE ABOVE CRITERIA, SIGN, DATE AND STOP HERE! YOU DO NOT NEED TO HAVE PHYSICIAN'S PORTION FILLED OUT

- ☐ I have a disability that meets the "D-DOT Special Fares Program Disability Criteria" as listed on page 4 of this application packet. **Have a licensed professional (Physician, Psychiatrist, Psychologist, Ophthalmologist, or Audiologist) complete the "Professional Certification of Eligibility" section of this application and sign the "Applicant's Release of Information" at the top of page 3.**

Applicant's Signature: _____ Date: _____

Applicant's Release of Information

I hereby authorize the medical professional completing this part of the "D-DOT Special Fare Identification Pass" form to release to D-DOT and information necessary to complete this certification. I understand that the information is confidential and shall not be released without my approval or a court order. I understand that D-DOT shall have the right and opportunity to contact the professional completing this part to obtain additional information about my disability and eligibility for the Special Fares Program. I understand that if any of the statements made on this application form are false or inaccurate, I may lose the privileges granted under the Special Fares Program and may be subject to appropriate legal prosecution.

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: _____

This Section To Be Completed By The Following Approved Health Care Provider:

Michigan-licensed: ☐ Physicians ☐ Psychiatrist ☐ Psychologist
 ☐ Social Worker ☐ Nurse Practitioner ☐ Rehabilitation Counselor
 ☐ Audiologist certified by the American Speech, Language, Hearing Association

Signatures of Health Care Providers other than those listed above are not acceptable.

Instructions:

The applicant must meet at least one of the “D-DOT Special Fares Program Disability Eligibility Criteria” listed on the back of this form (page 4). The specific Eligibility Criteria section and subsection must be noted where requested below (e.g., Section “2.8.c.i”). More specific information about the nature and extent of the disability must be provided on the professional’s letterhead and attached to this form.

I certify that _____ meets the “D-DOT Special Fares
(name of applicant)

Disability Eligibility Criteria” as detailed in (note applicable Criteria Section and Subsection)

Check One:

- ☐ This disability is Permanent and the applicant's condition is not likely to improve.
- ☐ This applicant's functional ability could improve over time with treatment or for other reasons.
- ☐ This disability is Temporary and is expected to last _____ months.

ATTACH SPECIFIC DIAGNOSIS AND EXTENT OF DISABILITY ON YOUR LETTERHEAD

Please Print legibly and/or stamp information:

Name: _____ Phone #: (____) _____

Address: _____

Street	City	State	ZIP
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Michigan License #: *(Please Provide complete number)*

Signature: _____ Date _____

I understand that if any of the statements made on this application or in attached information are false or inaccurate, I will be subject to criminal prosecution in accordance with applicable laws of the State of Michigan.



SECTION 1. NON-AMBULATORY DISABILITIES

Wheelchair-User. Impairments, which, regardless of cause, require individual to use a wheelchair.

SECTION 2.

SEMI-AMBULATORY PHYSICAL DISABILITIES

1. **Restricted Mobility.** Impairments, which significantly limit mobility and require use of a long leg brace, walker, crutches, or other similar mobility aid.
2. **Arthritis.** Persons whose arthritis causes a functional motor defect in any two limbs. American Rheumatism Assn. criteria may be used as a guideline: Therapeutic Grade III, Functional Class III, or Anatomical State III or worse.
3. **Loss of Extremities.** Persons with anatomical deformity of or amputation of both hands, one hand and one foot, or lower extremity at or above the tarsal region. Loss of major function may be due to degenerative changes associated with vascular or neurological deficiencies, traumatic loss of muscle mass or tendons, bony or fibrous ankylosis at unfavorable angle, or joint subluxation or instability.
4. **Cerebrovascular Accident.** Persons displaying one of the following, four months post CVA:
 - a) Pseudobulbar palsy, or
 - b) Functional motor defect in any of two extremities, or
 - c) Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.
5. **Respiratory.** Persons with respiratory impairment of Class 3 or greater as defined by "Guides to the Evaluation of Permanent Impairment: The Respiratory System," Journal of the American Medical Assn., 194:919 (1965).
6. **Cardiac.** Persons with functional classifications III or IV and therapeutic classifications C, D, or E cardiac disease as defined by Diseases of the Heart and Blood Vessels – Nomenclature and Criteria for Diagnosis, New York Heart Assn. (6th Edition).
7. **Dialysis.** Persons who must use a kidney dialysis machine to live.
8. **Disorders of Spine.** Persons disabled by one or more of the following:
 - a) Fracture of vertebra, residuals or, with cord involvement with appropriate motor and sensory loss; or
 - b) Generalized osteoporosis with pain, limitation of back motion, paravertebral muscle spasms, and compression fracture of vertebra; or
 - c) Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position and one of the following:
 - i) Calcification of the anterior or lateral ligaments; or
 - ii) Dilateral ankylosis of sacroiliac joints and abnormal apophyseal articulation.
9. **Motor.** Persons disabled by one or more of the following:
 - a) Faulty coordination or palsy from brain, spinal or peripheral nerve injury; or
 - b) A functional motor deficit in any two limbs; or
 - c) Manifestations significantly reducing mobility, coordination and perceptiveness not accounted for in prior categories.
10. **HIV Disease.** A person disabled by HIV disease who meets Social Security eligibility criteria.

SECTION 3. VISUAL DISABILITIES

Persons disabled because of:

1. Visual acuity of 20/200 or less in the better eye with best correction; or

2. Contraction of visual field:
 - a) So the widest diameter of visual field subtending an angular distance is no greater than 20 degrees; or
 - b) To 10 degrees or less from the point of fixation; or
 - c) To 20 percent or less visual field efficiency.

SECTION 4. HEARING DISABILITIES

Persons disabled because of hearing impairments manifested by one or more of the following:

1. Better ear pure tone average of 90dB HL (unaided) for tones at 500, 1000, 2000 Hz; or
2. Best speech discrimination score at or below 40% (unaided) as measured with standardized testing materials.

SECTION 5. NEUROLOGICAL DISABILITIES

1. **Epilepsy** - Persons disabled by reason of:
A clinical disorder involving impairment of consciousness, characterized by uncontrolled seizures (grand real or psychomotor) substantiated by EEG occurring more frequently than once a week in spite of prescribed treatment with:
 - a) Diurnal episodes (loss of consciousness and convulsive seizure); or
 - b) Nocturnal episodes which show residuals interfering with activity during the day; or
 - c) A disorder involving petit mal or mild psychomotor seizures substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
 - i) Alteration of awareness or loss of consciousness; and
 - ii) Transient postictal manifestations of conventional or antisocial behavior.

Note: Persons exhibiting seizure-free control for a continuous period of more than six months duration are not included in the statement of epilepsy defined in this section.
2. **Other Neurological Disability** – Persons disabled by reason of: Cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

SECTION 6. MENTAL DISABILITIES

1. **Developmental Disabilities.** A person disabled due to mental retardation or other conditions found to be closely related to mental retardation or to require treatment similar to that required by mentally retarded individuals and:
 - a) The disability originates before individual attains age 18;
 - b) Has continued, or can be expected to continue, indefinitely; and
 - c) The condition constitutes a substantial disability to the individual.
2. **Adult Mental Retardation.** Persons who by reason of accident or illness occurring after age 18 are in a substantially similar condition to a developmentally disabled individual.
3. **Autism.** Persons disabled by reason of a syndrome described as consisting of withdrawal, very inadequate social relationships, language disturbances, and monotonously repetitive motor behavior and characterized by severe withdrawal and inappropriate response to extended stimuli.
4. **Severe Mental Illness.** Persons meeting criteria for DSM-IV diagnosis other than (1) alcohol and drug disorders, and (2) social conditions (V-codes) **AND** experiencing substantial impairments in functioning due to the condition. The person experiences substantial dysfunction, for an extended duration, in a number of areas of role performance or is dependent on substantial treatment, rehabilitation and support services in order to control or maintain function capacity.